

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36484

State File No.

FILED DEC 3 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10199

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 0 years, months or days)

3. (a) PRINT FULL NAME Charles L. Holtzmann

3. (b) If veteran, No name war
3. (c) Social Security No. 488-09-6852

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. May 16, 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 4 If less than one day
hr. min.

9. Birthplace. St. Louis (City, town, or county) (State or foreign country)

10. Usual occupation. Tailor

11. Industry or business.....

MOTHER FATHER { 12. Name. Henry Holtzmann
13. Birthplace. Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name. Rosa Harold
15. Birthplace. Austria 4 (City, town, or county) (State or foreign country)

16. (a) Informant. Clara E. Bruenig

(b) Address. 801 N. Price Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation. Friedens Cemetery

18. (a) Signature of funeral director. Paschedag-Henke Fun. Home

(b) Address. 2825 N. Grand Blvd

19. (a) NOV 22 1943 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....
(c) City or town. St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1310 Cass Ave. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year. 1943 hour 3 minute 00A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Coronary Heart Disease
Chronic Myocarditis; decompensated

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

48 Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Thomas F. Callahan (M. D. or other)

Address Deputy Coroner Date signed 11-22-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

G. W. Wilkerson
Licensed Embalmer No. *3575*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.